

U.S. Department of State Student Loan Repayment Program (SLRP)

REQUEST FOR CONSIDERATION FY- 2005

You must complete the SLRP Eligibility Worksheet, DS-4037, before filling out the Request for Consideration. Submit a copy of Sections 100, 200, and 300 of the Eligibility Worksheet with this Request for Consideration.							
Employee Information:							
1. Name (Last, First, MI)					2. Social Security Number		
3. Check One: Civil Service Foreign Service							
4. Supervisor's Name	5	5. Post or Office of Assignment					
6. Mailing Address (may be domestic office or home address, or overseas pouch or APO address)							
City			State		ZIP		
7. Telephone(s)	e(s) 8. Fax 9. Email A		9. Email Add	ldress(es)			
10. Complete the following blocks for each of your outstanding <i>qualifying</i> loans in the order you wish the payments to be credited. Additional loans may be listed on page 3. <i>Multiple loans held by the same lender must be totaled together.</i> Provide a copy of a current statement from each lender/loan servicer. If loans were consolidated, documentation from lender must be provided to indicate that the original loans were qualifying loans. The only exception is Direct Loans, U.S. Department of Education, which services only qualifying loans. Martial consolidated loans require additional documentation and employees holding such loans should refer to SLRP FAQ's for guidance.							
a. Loan Servicing Organization:	Outstanding Balance	Date <i>(mm-dd-yyyy)</i> of Outstanding Balance:		Type of Loan (e.g., Stafford, Consolidated)			
b. Loan Servicing Organization:	Outstanding Balance	Date (mm-dd-yyyy) of Outstanding Balance:		Type of Loan (e.g., Stafford, Consolidated)			
c. Loan Servicing Organization:	Outstanding Balance	Date <i>(mm-dd-yyyy)</i> of Outstanding Balance:		Type of Loan	(e.g., Stafford, Consolidated)		
11. If any loans are serviced borganization name and paymen							

Name (Last, First, MI)	Social Security Number					
	n Information:	av halavi					
a. [. Indicate the basis for your FY-05 eligibility by checking the appropriate box below. I am a Civil Service employee (including those who qualified on the basis of status as a PMI/PMF) who was in the FY-04 program or earlier on a pre-qualifying basis, and I am still in the same position this year. My eligibility, therefore, continues. Specify position number: ()						
b. 🗌	I am a Foreign Service employee who was in the FY-04 program on a pre-qualifying basis, and I am still in the same position this year. My eligibility, therefore, continues from last year. Specify post: ()						
C	I am a Civil Service employee qualifying for the first time, or re-qualifying after a reassignment, on the basis of my filling a pre-qualifying domestic position. Specify occupational series or office: ()						
d	I am a Foreign Service employee qualifying for the first time, or re-qualifying after a reassignment, on the basis of my currently encumbering a pre-qualifying overseas position. Specify post: ()						
e. 🗌	I am not now in a pre-qualifying position, but I will arrive at a danger pay post before August 31, 2005. Specify post: ()						
f	I am not now in a pre-qualifying position, but I will arrive at a post with at least 15% pospecify post: ()					
g. 🗌	I am an FY-02 Civil Service participant who qualified on a case-by-case basis in FY-02, FY-03 and FY-04 and I am still in the same position as when I qualified. Specify position: (
h	I am an FY-02 Civil Service participant who qualified on a case-by-case basis in FY-02, FY-03 and FY-04 and I have been reassigned to a different position in the same occupational series in the same office. Specify occupational series: ()						
I	I am a former PMF and an FY-04 participant who has converted to a permanent Civil Service position. Specify position number: ()						
j	I am an FY-02 Foreign Service participant who qualified on a case-by-case basis FY-02, FY-03 and FY-04 and I am still in the same position as when I qualified. Specify position: ()						
k	I am an FY-04 overseas participant who was eligible due to being assigned to a pre-qualifying post that has since dropped from the list of eligible posts. Specify post: ()						
I 📗	I am an FY-02 Foreign Service participant who was eligible on a case-by-case basis in FY-02, FY-03 and FY-04. I am in a different						
	position, but I remain in the same post or office, doing work in the same skill code. Spo						
m 🗌	I am an FY-02 Foreign Service participant who was eligible on a case-by-case basis in F my tour in the same position. Specify position: (`					
n 🗌	Other: Explain:						
12 Sia	naturo Do	ato (mm dd ywyr)					
13. Signature Date (mm-dd-yyyy)							
	print, sign, and date (mm-dd-yyyy) it. Submit it with hard copies of						
2.	Your signed Service Agreement, A current copy of each lender's statement of account, Sections 100, 200, and 300 of the Eligibility Worksheet.						
Hand-	carried or U.S. Department of State interoffice mail.						
HF	RP R/ER/EP Iom H-236, SA-1						
	overseas posts via unclassified pouch						
SL	RP						
	HR/ER/EP Room H-236, SA-1						
U.	S. Department of State ashington, DC 20522-0108						
	overseas posts or domestic U.S. locations						

Express mail may be accepted at the Mt. Vernon Ave. address. If an express mail carrier requires a contact number or name, use (703) 739-9100, Mr. Robert Gabriel.

Box 810

2308 Mt. Vernon Ave. Alexandria, VA 22301

DS-4038 Page 2 of 3

Name (Last, First, MI)	Social Security Number

Make copies, as needed. Add letters in sequence for each block in the left hand field.

d. Loan Servicing Organization:	Outstanding Balance	Date <i>(mm-dd-yyyy)</i> of Outstanding Balance:	Type of Loan (e.g., Stafford, Consolidated)
e. Loan Servicing Organization:	Outstanding Balance	Date <i>(mm-dd-yyyy)</i> of Outstanding Balance:	Type of Loan (e.g., Stafford, Consolidated)
f. Loan Servicing Organization:	Outstanding Balance	Date <i>(mm-dd-yyyy)</i> of Outstanding Balance:	Type of Loan (e.g., Stafford, Consolidated)
g. Loan Servicing Organization:	Outstanding Balance	Date <i>(mm-dd-yyyy)</i> of Outstanding Balance:	Type of Loan (e.g., Stafford, Consolidated)
h. Loan Servicing Organization:	Outstanding Balance	Date <i>(mm-dd-yyyy)</i> of Outstanding Balance:	Type of Loan (e.g., Stafford, Consolidated)

PRIVACY ACT STATEMENT

AUTHORITY: 22 U.S.C. 2651a; 5 U.S.C. 301; 5 U.S.C. 5379; and E.O. 9397 for the SSN.

PRINCIPAL PURPOSE: To collect information in order to determine if you are eligible to participate in the Student Loan Repayment Program.

ROUTINE USES: The personal information and SSN are used by the U.S. Department of State to determine eligibility for the Student Loan Repayment Program, maintain administrative records, and perform other administrative functions inherent in the administration of this program and make payments on your behalf. This information will be made available to the Internal Revenue Service for tax and withholding purposes and to the Office of Personnel Management. Additionally, these records, or information therefrom. may also be used within the U.S. Department of State for study purposes, such as projection of staffing needs, and/or creation of non-identifiable statistical data for reports to other Federal agencies and Congress.

DISCLOSURE: Providing personal information, your SSN and signing this agreement is voluntary, but failure to provide certain information may result in denial of your application and payments(s) not being made on your behalf.

DS-4038 Page 3 of 3